

NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area: North/Northeast Texas	HMAZ/LMAZ Area: Rural North
BDTP: F/MS Women	SUBPOPULATION: Anglo/White (1,12)

	# of surveys completed: 39	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	<ul style="list-style-type: none"> 23% reported more than one sex partner in the past year; 5% reported more than 3 partners in the past year. While 82% reported that none of their sex partners in the past year had HIV, 18% didn't know or were unsure. While 70% reported that none of their sex partners in the past year had an STD, 30% didn't know or were unsure. 14% say they had been treated at least once for an STD in the past year. Only 11% reported engaging in anal sex. Of those engaging in anal sex, 19% reported never using a condom; 4% reported always using a condom. Of those engaging in oral sex, 48% percent never use a condom for oral sex. Of those engaging in vaginal sex, 39% never use a condom for vaginal sex. The only location mentioned by this Anglo/White F/MS Women as to at what locations they engage in anal sex is home [3%]. The top five things Anglo/White F/MS Women said they do to keep from getting HIV are (in order): have one sex partner [62%]¹, don't inject drugs [46%], don't share IDU equipment [36%], sometimes use condoms [28%], always use condoms [26%]. The top five things Anglo/White F/MS Women said they do to keep from getting STDs are (in order): have one sex partner [67%]¹, don't inject drugs [39%], don't abuse alcohol or drugs [36%], don't share IDU equipment [33%], sometimes use condoms [31%]. 	<ul style="list-style-type: none"> A fair low proportion of the population reported they have engaged in sex with multiple partners. There is a low prevalence of HIV and STDs in the population based on the morbidity profile for this population. Reported condom use is somewhat similar to that observed in some of the other populations. More data is needed as to determine at what locations Anglo/White F/MS Women engage in risky behaviors.

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

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*Knowledge (9,11)	<p>Among Anglo/White F/MS Women:</p> <ul style="list-style-type: none"> • 82% indicated that anal sex without a condom might increase a person's chance of getting HIV, 62% for getting STDs other than HIV. • 59% and 79% indicated that oral and vaginal sex without a condom, respectively, might increase a person's chance of getting HIV; 69% for getting STDs other than HIV. • 79% indicated that sex-trade work might increase a person's chance of getting HIV, 72% for getting STDs other than HIV. • 80% indicated that unprotected sex under the influence might increase a person's chance of getting HIV, 67% for getting STDs other than HIV. • 85% indicated sex with more than one partner might increase a person's chance of getting HIV, 80% for getting STDs other than HIV. • 87% indicated that injecting drugs and sharing works might increase a person's chance of getting HIV, 49% for getting STDs other than HIV. • 87% indicated that having sex with men might increase a person's chance of getting HIV, 67% for getting STDs other than HIV. • 82% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV, 69% for getting STDs other than HIV. • 82% indicated that blood transfusions might increase a person's chance of getting HIV, 54% for getting STDs other than HIV. • 87% indicated that needle sticks might increase a person's chance of getting HIV, 41% for getting STDs other than HIV. • 82% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV, 64% for getting STDs other than HIV. 	<ul style="list-style-type: none"> • Over four-fifths of the respondents showed good knowledge of HIV transmission routes. This community shows good knowledge of HIV and STD transmission routes, given these risks.

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*Attitudes & beliefs (10,32,34)	<ul style="list-style-type: none"> Overall, Anglo/White F/MS Women in this population indicated they strongly agreed that a person should tell their partner if they have HIV or an STD whether they use a condom or not. The top four reasons Anglo/White F/MS Women indicated they had sex without a condom are (in order): trust in partner [54%]¹, condoms not available [10%], don't like condoms [10%], partner refused to use condoms [8%]. 86% indicated they were not likely to get HIV, and 82% indicated they were not likely to get an STD. 	<ul style="list-style-type: none"> Most respondents in the survey indicated a strong motivation to discuss HIV and STD risks if they are infected. The primary barrier to condom use was trust in partner. Considering the low morbidity rates in this community, the personal perception of risk is what would be expected.
*Current communication skills	<ul style="list-style-type: none"> 38% of the Anglo/White F/MS Women who responded indicated they have talked about getting HIV with at least some of their partners. 43% of the Anglo/White F/MS Women who responded indicated they have talked about getting an STD other than HIV with at least some of their partners. 	<ul style="list-style-type: none"> While most of the Anglo/White F/MS Women indicated they should discuss with their partners if they had an STD or HIV, only slightly over a third of this population has discussed the possibility of this risk with their partners.
*Social/peer support (17)	<p>When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of Anglo/White F/MS Women indicated they would tell:</p> <ul style="list-style-type: none"> Their family; 41% for HIV, none for an STD. Their current partner(s); 16% for HIV, 5% for an STD. Their past partner(s); 19% for HIV, 12% for an STD. Their friends; 30% for HIV, none for an STD. 	<ul style="list-style-type: none"> A large majority of the population reported they would be uncomfortable telling family, friends and partners if they contracted HIV. They were even less likely to talk about an STD infection.
Testing history/need for testing (18-23)	<ul style="list-style-type: none"> 56% of survey respondents indicated they have tested for HIV in the past year. Of those who were tested, they tested an average of 1.3 times a year. The top three reasons Anglo/White F/MS Women indicated they tested were (in order): part of routine health care [36%]¹, due to pregnancy [23%], had sex without a condom [18%]. The top three reasons Anglo/White F/MS Women indicated they have not tested are (in order): don't think they are at risk for HIV [18%]¹, not sexually active [3%], scared of needles [3%]. 	<ul style="list-style-type: none"> Testing proportions in this population are average, both in terms of the proportion tested, and the frequency of test, especially with the majority of the population having one partner or less in that time period. A fairly high proportion of respondents indicated a preventive behavior, part of routine care. Other reasons included potential failures of

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	<ul style="list-style-type: none"> 8% of the respondents indicated they have tested positive for HIV. 47% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 1.5 times a year. 50% of Anglo/White F/MS Women who have tested for an STD in the past year indicated they have tested positive for an STD. 14% of respondents indicated they have been treated for an STD in the past year. The top two reasons cited for not testing for an STD are (in order): don't think at risk for getting STDs [26%]¹, not sexually active [8%]. 23% of respondents indicated they have tested for Hepatitis A in the past year, 26% for Hepatitis C, 26% for Hepatitis B, and 39% tested for Tuberculosis; 31% did not test because they didn't think they were at risk for getting hepatitis or TB. 	<p>prevention activities or due to a pregnancy.</p> <ul style="list-style-type: none"> The primary barrier to access to testing was thinking they were not at risk. A fairly high proportion of the respondents indicated they felt the need to be tested for an STD in the past year. Between a quarter and a third of this sub-population indicate they have been tested for other diseases in the past year. This supports the critical nature of referrals to appropriate providers.
Prevention services currently accessed (19,21) Note: For testing, community-based organizations and corrections were not provided as a response option.	<ul style="list-style-type: none"> The top five locations Anglo/White F/MS Women go to for an HIV test are (in order): doctor's office [26%]¹, hospitals [15%], public STD clinic [13%], family planning clinics [10%], other public clinic [5%]. The top five locations Anglo/White F/MS Women go for an STD examination are (in order): doctor's offices [18%]¹, family planning clinics [13%], public STD clinic [10%], hospital [5%], other public clinics [3%]. 19% of respondents indicated barriers in their community to seeking prevention services. These include (in order): town or community is too small [8%]¹ and the following—not having HIV or STD programs, inconvenience in going to different locations for different services, and a lack of transportation at 5%. The top six locations where Anglo/White F/MS Women have gotten HIV or STD information are (in order): public health clinics [23%]¹, other health clinics [23%], local HIV/AIDS organizations [13%], health care providers [13%], community counseling and testing centers [10%], family or friends [8%]. 	<ul style="list-style-type: none"> The primary source for HIV testing and STD diagnosis and treatment are through doctor's offices, hospitals, and public clinics or family planning clinics. Size of community, not having the needed programs, inconvenient locations and a lack of transportation were cited as barriers to access services. In contrast to testing and diagnosis services, prevention information and helpful information was primarily obtained from private and public health care providers, community-based organizations, school, and family or friends.

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	<ul style="list-style-type: none"> The top four locations where Anglo/White F/MS Women have gotten information on HIV or STDs that has helped them are (in order): public health clinics [28%]¹, other health clinics [26%], health care providers [23%], school [13%]. 	
Prevention needs (35-39)	<ul style="list-style-type: none"> For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): basic HIV and STD information [31%]¹, how to have safe sex [26%], how to talk to partner about using condoms [18%], drug abuse counseling and treatment [13%], and how to use condoms [8%]. Primary locations where Anglo/White F/MS Women indicated they would get information on HIV in the future are (in order): public health clinics [67%]¹, other health clinics [64%], health care providers [59%], local HIV/AIDS organizations [56%], community counseling and testing centers [54%]. Primary locations where Anglo/White F/MS Women indicated they would get information on STDs in the future are (in order): public health clinics [59%]¹, local HIV/AIDS organizations [56%], health care providers [56%], other health clinics [56%], community counseling and testing centers [54%]. The primary locations where Anglo/White F/MS Women indicated they would NEVER get information on HIV or STDs in the future are (in order): bars [44%]¹, church [39%], work [33%], bath houses [26%], the radio [26%]. 	<ul style="list-style-type: none"> Basic HIV and STD information lead the activities wanted by Anglo/White F/MS Women, followed by interventions on how to have safe sex, communications skills, and drug abuse counseling and treatment. The primary locations where Anglo/White F/MS Women indicated they would go to get HIV and STD information are public and private health care providers and community-based organizations. The locations where Anglo/White F/MS Women would never seek HIV or STD prevention messages are bars, church, work, bath houses, and the radio.

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Specific Information about HIV⁺ from HIV⁺ risk profiles	<p>Statewide for all HIV positive Anglo/White F/MS² Women:</p> <ul style="list-style-type: none"> • 57% indicated they never used a condom for anal sex, 51% never used a condom for vaginal sex, and 77% never used a condom for oral sex. • Nearly 15% indicated an STD diagnosis in the past year. • Over 40% indicated more than 1 sex partner in the past year. • Nearly 15% indicated some sex trade work in the past year. • Two-thirds indicated substance use with sex in the past year. • Over half indicated their partners were at risk, and over a third indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [43%]¹, marijuana [33%] and cocaine [28%]. <p>In Rural North, all HIV positive F/MS Women indicated²:</p> <ul style="list-style-type: none"> • 17% indicated an STD diagnosis in the past year. • None indicated they had more than 1 partner in the past year. • None indicated sex trade in the past year. • 83% indicated substance use with sex in the past year. • Half indicated their partner was at risk, and a third indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [50%]¹, marijuana [33%] and cocaine [33%]. 	<ul style="list-style-type: none"> • The proportion of Anglo/White F/MS Women positives reporting never using a condom for anal sex is 3 times that reported for Anglo/White F/MS Women by the needs assessment. The proportion of positives reporting never using a condom for oral sex is over 1.5 times that reported for the negative Anglo/White F/MS Women. Condom use for vaginal sex is similar between positives and negatives • The proportion of HIV positives with a recent STD diagnosis is significantly high, particularly considering the high proportion (40%) with multiple sex partners. • Half of HIV positives indicated their sex partner was at risk. • The drugs of choice for HIV positives are alcohol, marijuana, and cocaine.
Other		

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